

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212517232</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>AMERICAN CANCER SOCIETY, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301  GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>6/30/2012</b></p> <p>SCC ID NO: <b>F1473364</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 250 WILLIAMS STREET NW</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ATLANTA, GA 30303-1002</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: W. PHIL EVANS  TITLE: PRESIDENT  ADDRESS: 250 WILLIAMS STREET  CITY/ST/ZIP/CO: ATLANTA, GA 30303 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: W. PHIL EVANS TITLE: PRESIDENT ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: W. PHIL EVANS TITLE: PRESIDENT ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: EDWARD E PARTRIDGE  TITLE: DIRECTOR  ADDRESS: 250 WILLIAMS ST  CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: EDWARD E PARTRIDGE TITLE: DIRECTOR ADDRESS: 250 WILLIAMS ST CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EDWARD E PARTRIDGE TITLE: DIRECTOR ADDRESS: 250 WILLIAMS ST CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Timothy Phillips  TITLE: CHF COUNSEL/AS  ADDRESS: 250 WILLIAMS STREET NW  CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Timothy Phillips TITLE: CHF COUNSEL/AS ADDRESS: 250 WILLIAMS STREET NW CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Timothy Phillips TITLE: CHF COUNSEL/AS ADDRESS: 250 WILLIAMS STREET NW CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DANIEL P. HEIST  TITLE: TREASURER  ADDRESS: 250 WILLIAMS STREET  CITY/ST/ZIP/CO: ATLANTA, GA 30303 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DANIEL P. HEIST TITLE: TREASURER ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL P. HEIST TITLE: TREASURER ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: STEPHEN L SWANSON  TITLE: DIRECTOR  ADDRESS: 250 WILLIAMS ST  CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN L SWANSON TITLE: DIRECTOR ADDRESS: 250 WILLIAMS ST CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN L SWANSON TITLE: DIRECTOR ADDRESS: 250 WILLIAMS ST CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN R SEFFRIN  TITLE: CEO  ADDRESS: 250 WILLIAMS STREET  CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN R SEFFRIN TITLE: CEO ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN R SEFFRIN TITLE: CEO ADDRESS: 250 WILLIAMS STREET CITY/ST/ZIP/CO: ATLANTA, GA 30303-1002	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			

NAME:	BRIGGS W. ANDREWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	TIM E. BYERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	VINCENT T. DEVITA, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	CYNTHIA L. LEBLANC	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	GARY M. REEDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 WILLIAMS STREET		
CITY/ST/ZIP/CO:	ATLANTA, GA 30303		
NAME:	Robert R Kugler	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Pamela K Meyerhoffer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Douglas K Kelsey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	John Alfonso	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Vincent F Barbetta	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Patricia Bradley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		

NAME:	Robert K Brookland	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Sheila P Burke	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Judith E Calhoun	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Michele Carbone	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Carmel J. Cohen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Debra J. Cohen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Graham A. Colditz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Kevin J. Cullen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Diana S. Diaz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Bryan K. Earnest	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Willie Goffney	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		

NAME:	John W. Hamilton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Allen H. Henderson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Susan D Henry	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Enrique Hernandez	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Majorie Kagawa Singer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Michael E. Kasper	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Jeffrey L Kean	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Joseph R. Mahoney	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Sandra Millon Underwood	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Linda Z Mowad	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		
NAME:	Scarlott K Mueller	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	250 Williams Street		
CITY/ST/ZIP/CO:	Atlanta, GA 30303		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Clement S Rose DIRECTOR 250 Williams Street Atlanta, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Maryjean Schenk DIRECTOR 250 Williams Street Atlanta, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Haskell Sears Ward DIRECTOR 250 Williams Street Atlanta, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald K Warne DIRECTOR 250 Williams Street Atlanta, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Maria J Worsham DIRECTOR 250 Williams Street Atlanta, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert E Youle DIRECTOR 250 Williams Street Atlanta, GA 30303	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Timothy Phillips SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Timothy Phillips, CHF COUNSEL/AS PRINTED NAME AND CORPORATE TITLE	5/8/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			